

BAR CODE LABEL



U.S. PATENT APPLICATION

SERIAL NUMBER

08/690,775

FILING DATE

08/01/96

CLASS

514

GROUP ART UNIT

1208

APPLICANT

MARC FELDMANN, HIGHGATE, ENGLAND; RAYINDER N. MAINI, BARNES, ENGLAND.

CONTINUING DATA***

VERIFIED THIS APPLN IS A CIP OF 08/607,419 02/28/96
WHICH IS A CIP OF PCT/GB94/00462 03/10/94
WHICH IS A CIP OF 08/403,785 05/03/95

FOREIGN/PCT APPLICATIONS***
VERIFIEDSTATE OR
COUNTRY

GB2

SHEETS
DRAWING

8

TOTAL
CLAIMS

31

INDEPENDENT
CLAIMS

5

FILING FEE
RECEIVED

\$1,278.00

ATTORNEY DOCKET NO.

KIR92-01A4

ADDRESS

DAVID E BROOK
HAMILTON BROOK SMITH & REYNOLDS
TWO MILITIA DRIVE
LEXINGTON MA 02173-4799

TITLE

ANTI-TNF ANTIBODIES AND METHOTREXATE IN THE TREATMENT OF AUTOIMMUNE
DISEASE

This is to certify that annexed hereto is a true copy from the records of the United States
Patent and Trademark Office of the application which is identified above.

By authority of the
COMMISSIONER OF PATENTS AND TRADEMARKS

Date

Certifying Officer



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 08/690,775	FILING DATE 08/01/1996 RULE -	CLASS 514	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. KIR92-01A4
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APPLICANTS

MARC FELDMANN, HIGHGATE, EN UNITED KINGDOM;
RAVINDER N. MAINI, BARNES, EN UNITED KINGDOM;

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 08/607,419 02/28/1996 ABN
WHICH IS A CIP OF PCT/GB94/00462 03/10/1994
THIS APPLICATION 08/690,775 08/01/1996
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WHICH IS A 371 OF PCT/GB93/02070 10/06/1993
WHICH IS A CIP OF 07/958,248 10/08/1992 ABN

** FOREIGN APPLICATIONS *****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY EN	SHEETS DRAWING 8	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>PT</i> Initials <i>10/25/96</i>				

ADDRESS

DAVID E BROOK
HAMILTON BROOK SMITH & REYNOLDS
TWO MILITIA DRIVE
LEXINGTON, MA 021734799

TITLE *See Amend. D, paper # 24*

ANTI-TNF ANTIBODIES AND METHOTREXATE IN THE TREATMENT OF AUTOIMMUNE DISEASE *ARTHRITIS AND CROHN'S DISEASE*

FILING FEE RECEIVED 1278	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing E time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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